

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-57, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. Number U - **2555**

2. Fiscal Year Covered From:

**1** / **1** / **04** Through: **12** / **31** / **04**

3. Name and address of person filing.

Name **Gary Style**

Box, Bldg., Room No., if any

Street **270 Brookhaven Lane**

City **Troy**

State **Missouri**

ZIP Code + 4 **63379 3467**

4. Name, file number, and address of labor organization.

Name **UAW Local 2250**

Labor Organization File Number **515898**

P.O. Box, Building and Room Number, if any

Street **1395 East Pearce Blvd.**

City **Wentzville**

State **Missouri**

ZIP Code + 4 **63385 1925**

5. Position in labor organization.

**President**

6. Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

7. a. Did you or your spouse or minor child hold an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of material value from an employer whose employees your organization represents or is actively seeking to represent.

Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

Box, Bldg., Room No., if any

Street

City

ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

8. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed **[Signature]**

On **6/24/05**

Date

**1-800-500-2250**

Telephone Number

I hold an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

Name and address of Business (including trade name, if any).

Name **Gerald Kretmar**  
 Trade Name, if any: **Appleton, Kretmar, Beatty & Stolze**  
 P.O. Box, Bldg., Room No., if any **Suite 900**  
 Street **8000 Maryland Avenue**  
 City **Clayton**  
 State **Missouri** ZIP Code + 4 **631053911**

9. Business deals with:

- ☒ a. Labor Organization  
☐ b. Trust  
☐ c. Employer

If 9.b. or 9.c. is checked give trust or employer's name.

Name  
 Trade Name, if any:  
 P.O. Box, Bldg., Room No., if any  
 Street  
 City  
 State ZIP Code + 4

11.a. Nature of such dealing.

**Gerald Kretmar and his law firm represent UAW Local 2250.**

11.b. Approximate dollar value of such dealing. **\$1,400.00**

12.a. Nature of interest held or income received.

**I received 4 tickets (\$37.00 per ticket) to each of the following St. Louis Cardinals baseball games:  
 April 28, 2004  
 September 1, 2004**

12.b. Amount **\$296.00**

Received from any employer (other than an employer covered under parts A and B above) from any labor relations consultant to an employer any payment of money or other thing of value.

a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name  
 Trade Name, if any:  
 P.O. Box, Bldg., Room No., if any  
 Street  
 City  
 State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ☐ ?

14.b. Amount of payment.